

C.4435

D O R S E T C O U N T Y C O U N C I L

EDUCATION COMMITTEE



ANNUAL REPORT ON THE SCHOOL

HEALTH SERVICE

1967

ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR
1967

A. F. Turner
M.B., B.Ch., D.P.H.

CONTENTS

Page No.

FOREWORD	(i)
STAFF	1
THE SCHOOL HEALTH SERVICE 1967	
Administration	3
Population	3
Number of Schools	3
MEDICAL INSPECTION	
Number of pupils examined	4
Defects of vision - routine testing	4
- colour vision	5
PERSONAL HYGIENE	5
MINOR AILMENTS	5
AUDIOLOGY SERVICE	5
CHILD AND FAMILY GUIDANCE SERVICE	8
SPEECH THERAPY	12
NOCTURNAL ENURESIS	13
HANDICAPPED PUPILS	14
INFECTIOUS DISEASES	18
SCHOOL MILK AND MEALS	21
SCHOOL SWIMMING	22
WATER SUPPLIES TO SCHOOLS	23
SCHOOL CAMPS	23
SCHOOL HYGIENE	23
HEALTH EDUCATION IN SCHOOLS	24
PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT	25
SCHOOL CLINICS	31
STATISTICAL APPENDIX	33



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b291666196>

FOREWORD

The most significant development during the year was the integration of the school medical section of the Health Department with the child welfare section so as to form a unified service responsible for all aspects of child health from birth until school leaving age. The advantages of such a unified service lie in the continuity of care possible now that medical responsibility for the assessment and supervision of handicapped pre-school and school children is vested in the same person. The educational needs of the handicapped can be anticipated both farther in advance and with greater accuracy and administrative problems formerly connected with the transfer of information at the arbitrary age of five are eliminated. The only exception is that the care and supervision of subnormal children remains a responsibility of the mental health and welfare section but it is apparent that legislation transferring responsibility for the training of such children to education departments is not likely to be long delayed.

Heavy pressure continued to bear on the Child and Family Guidance Service under the direction of Dr. W.H. Whiles. This was aggravated by shortage of staff owing to the resignation of the Poole Educational Psychologist in August and by the prolonged absence of one of the psychiatric social workers on special leave. Although the establishment of full-time psychiatric social workers was increased to three, it had not been found possible to fill the new post by the end of the year. Over most of the county six to twelve weeks may elapse before a psychiatric interview can be granted and without the advice and support of the psychiatric social workers during this waiting period many cases would deteriorate to a serious degree while awaiting an appointment.

Clyffe House residential special school for educationally subnormal boys has now been established for seventeen years. Recently there has been a noticeable diminution in the number of Dorset boys referred for admission. This seems likely to be due partly to the increased number of special classes in ordinary schools which means that the boys' educational needs can often be met locally without the necessity of admission to a residential school and partly to the diminishing number of admissions in which an unsatisfactory home background is a factor.

Fifty-six schools in the county now possess their own swimming pool. Five years ago there were twenty-two pools, ten years ago there were only six. This is a most welcome development but my report draws attention to the importance of proper operational control of the pools if fully hygienic conditions are to be maintained.

The recommendations contained in the report of the Organisation and Methods Unit on the Local Authority Dental Service, published during the year were, in respect of staff establishment, almost exactly the same as those put forward by the Special Sub-Committee which reported on the Dental Service in 1964. Unfortunately the full implementation of these recommendations continues to be deferred because of the financial situation. The policy of the Principal School Dental Officer, Mr. J.S. MacLachlan, in encouraging dental officers to undertake orthodontic work by giving them the opportunity of further training in this field by Mr. J.D. Hooper, the Consultant Orthodontist, resulted in 537 children receiving orthodontic treatment in 1967, almost 200 more than in 1965.

I should like to thank the Chairman and Members of the Special Services Sub-Committee for the helpful interest they have shown in the School Health Service. My thanks are also due to all Head Teachers for their willing co-operation which is so essential for the smooth running of the service. All my staff in the Child Health Section have once again given me their fullest support and in particular my thanks are due to Dr. Townsend and Mr. Clarke who have borne responsibility for the day-to-day administration of the service and have compiled this report.

County Hall,
Dorchester.
4th July, 1968

A.F. TURNER
Principal School Medical Officer

SCHOOL HEALTH SERVICE ESTABLISHMENT
(At 31st December, 1967)

CENTRAL STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER

A.F. Turner, M.B., B.Ch., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

G.F. Willson, M.D., D.P.H.

SENIOR MEDICAL OFFICER

Mary Townsend, M.B., B.S., M.R.C.P., D.Ch.

SCHOOL MEDICAL OFFICERS

K.J. Adams, M.R.C.S., L.R.C.P., D.P.H.

W.E. Hadden, M.B., B.S., D.P.H., D.A.,
D.T.M. & H.

G.B. Hopkins, M.B., Ch.B., D.P.H.

J.G. Meadows, M.B., Ch.B., D.P.H.

N.F. Pearson, M.R.C.S., L.R.C.P.,
D.P.H.

Jill C. White, M.B., B.S., M.R.C.S.,
L.R.C.P., D.P.H., D.C.H.

Elizabeth M.S. Wotherspoon, M.B.,
Ch.B. (Part-time)

SUPERINTENDENT NURSING OFFICER

Bridget C. Thornton, S.R.N., S.C.M.,
H.V. Cert.

SCHOOL NURSES (22)

SPEECH THERAPISTS

Nora M. O'Driscoll, L.C.S.T. (Senior)

Gwenyth E. Marston, L.C.S.T.

Charlotte A.C. Tone, L.C.S.T.

PRINCIPAL SCHOOL DENTAL OFFICER

J.S. MacLachlan, L.D.S., R.C.S.

SENIOR DENTAL OFFICER

D.G. Greenfield, L.D.S., R.C.S.

DENTAL OFFICERS

N.P. Bronsdon, L.D.S., M.R.C.S.,
L.R.C.P.

N.J. Dyer, B.D.S., L.D.S., R.C.S.

K.E.J. Fletcher, L.D.S., R.C.S.

Edna G. Laylee, L.D.S. (Part-time)

I.H. Maddick, M.A., B.D.S., L.D.S.,
R.C.S.

P.H.W. Maynard, L.D.S., R.C.S.

J.M. Paterson, L.D.S., R.C.S.

A. Simpson, L.D.S., R.F.P.S.

DENTAL AUXILIARY

Janice C. Gale

DENTAL HYGIENISTS

Vacancies (3)

DENTAL SURGERY ASSISTANTS (10)

SENIOR ADMINISTRATIVE OFFICER

V.W.V. Clarke, D.P.A.



POOLE BOROUGH STAFF

BOROUGH SCHOOL MEDICAL OFFICER

J. Hutton, M.D., D.P.H.

SCHOOL MEDICAL OFFICERS

A. McCutcheon, M.B., Ch.B., D.P.H.
Rosa Strunin, M.D. (Berlin)
H.C. Williamson, M.B., B.Ch., D.P.H.
(One vacancy)

BOROUGH NURSING OFFICER

Marion Davies, S.R.N., S.C.M.
H.V. Cert.

SCHOOL NURSES (16)

BOROUGH DENTAL OFFICER

F.E.R. Williams, L.D.S.

DENTAL OFFICERS

A.C.S. Barnard, L.D.S., R.C.S.
A.E.G. Gapper, L.D.S., R.C.S.
C. Green, L.D.S., R.C.S.

DENTAL SURGERY ASSISTANTS (4)

SPEECH THERAPIST

Helen V.A. Barrett, L.C.S.T.

SOUTH DORSET DIVISIONAL EXECUTIVE AREA STAFF

AREA MEDICAL OFFICER

E.J.G. Wallace, M.B., Ch.B., D.P.H.

SENIOR DENTAL OFFICER

R.H.J. Fairney, L.D.S., R.C.S.

SCHOOL MEDICAL OFFICER

Pauline M. Seymour-Cole, M.B., B.S.,
M.R.C.S., L.R.C.P., D.C.H.

DENTAL OFFICERS

S.J. Emery, B.D.S., L.D.S., R.C.S.
Marguerite D. Mason, B.Dent.Sc.
(Part-time)

SCHOOL NURSES (8)

DENTAL SURGERY ASSISTANTS (4)

JOINT SERVICES

CHILD GUIDANCE

Consultant Psychiatrist
W.H. Whiles, M.R.C.S., L.R.C.P.,
D.P.M.

County Educational Psychologist
J.S. Aston, B.A., B.Sc., A.B.Ps.S.

Educational Psychologist (Vacant)

Psychiatric Social Workers

Astrid D. Filliter

Joan G. Hardy (part-time)

Joy L. Shires (part-time)

ORTHODONTICS

Consultant Orthodontist
J.D. Hooper, L.D.S., D.Orth.,
R.C.S.

Senior Orthodontic Registrar

B. Holmes, B.D.S., D.Orth.,
L.D.S., R.C.S.

Dental Surgery Assistant (part-time) (1)

HEARING ASSESSMENTS

Mary Andress, B.Sc., N.C.T.D.Dip.

THE SCHOOL HEALTH SERVICE 1967

ADMINISTRATION

At the beginning of the year, as a result of an O. & M. review, the internal administration of the school health service was altered. The school health section was merged with the maternity and child welfare section to form a child health section, with administrative responsibility for the child from birth to school leaving age. This means that there is increased efficiency and less chance of a child in need of help being overlooked. As a result of this change, responsibility for the day to day administration was transferred from Dr. Willson to Dr. Townsend.

Dr. Brown resigned in September, 1967, and her place was taken by Dr. E.M.S. Wotherspoon, who is working part-time.

Dental staff changes are described in the report of the Principal School Dental Officer.

POPULATION

The Registrar General's estimated population of Dorset was 337,910.

Average numbers on the school registers on 31st December, 1967:-

	Primary	Secondary Modern	Comprehensive	Grammar	Special	Totals	
						1967	(1966)
County Districts	15,789	5,532	2,585	3,044	106	27,056	(25,927)
Poole Excepted Area	8,688	4,155	-	1,527	-	14,370	(13,783)
South Dorset Divisional Area	5,164	2,173	-	1,102	-	8,439	(8,241)
Totals	29,641	11,860	2,585	5,673	106	49,865	(47,951)

Number of Schools

Type	South Dorset Area	Poole Area	County Area	Totals
Primary	24	22	147	193
Secondary Modern	5	8	13	26
Comprehensive	-	-	4	4
Grammar	1	2	9	12
Special	-	-	2	2
Totals	30	32	175	237

MEDICAL INSPECTION

NUMBER OF PUPILS EXAMINED

The following table relates to the whole county including Poole Excepted Area and South Dorset Divisional Executive.

	1965	1966	1967
Routine examination of entrants	3,848	7,309	5,682
Routine examination at all other ages	7,608	5,878	6,244
Re-inspections	3,303	4,297	5,743
Special examinations	11,458	12,188	9,795
Totals	26,217	29,672	27,464

During 1967, the arrangements for school medicals in the County Area, begun in the preceding year, were continued, that is:- all children were examined in their first year at school, and only those children selected as a result of the questionnaires were examined in their second year at the secondary school.

In the Poole and South Dorset areas the routine medical examinations were continued with four examinations during school life in Poole and three examinations in the South Dorset area.

DEFECTS OF VISION

ROUTINE TESTING

In the County Area the routine testing of vision was carried out at the age of five by the health visitors as in previous years. The routine testing of the other age groups was modified by the purchase of two Keystone vision screeners. These machines make it possible for the routine tests to be carried out by part-time staff, thus releasing more valuable health visitor time. They enable testing to be carried on in small rooms and the children can also be screened for muscle imbalance and colour vision defects at the appropriate times. The use of these machines has made it possible for tests to be done more efficiently and with less disturbance for the school. In the beginning, they did pick out a larger percentage of children with defects, but children are now only referred if their vision according to the screener is 6/15 or worse. In other cases, the children are re-examined after one year, and if there is still doubt they are seen by the school medical officers. In Poole these re-examinations are carried out every three years and in the South Dorset area they are done at the time of the routine intermediate and leavers medical examinations.

COLOUR VISION

Colour vision is now tested at 9 years on the Keystone Vision Screener. Those children who fail this test are seen at the selective medical examination and retested on the Ishihara charts.

Giles Archer lanterns have been provided for each area medical officer so that those children who need still further testing do not need to travel so far.

PERSONAL HYGIENE

During the year 40,703 personal hygiene inspections were carried out by the school health visitors and 176 children were found to have lice or nits in the hair. These figures apply to the whole county and show a slight decrease in the incidence of infestation. At the same time, the incidence in the county area showed an increase over 1966 (0.9% instead of 0.6%).

	No. of children inspected		No. found verminous		
	1966	1967	1966	1967	
County Area	12,893	6,513	87	65	(0.9%)
Poole	17,149	18,660	86	80	(0.4%)
South Dorset	20,386	15,530	68	31	(0.2%)
Whole County	50,428	40,703	241	176	(0.4%)

MINOR AILMENTS

The table below relates to the Poole and South Dorset areas only as such clinics have not been found necessary in the remainder of the county. The figures relate to children who have been referred as a matter of convenience for detailed examination of defects discovered at previous school medical inspections besides children who have sought advice concerning some recently acquired minor ailment.

Cases dealt with at minor ailment clinics:-

	1963	1964	1965	1966	1967
Poole	456	442	392	82	68
South Dorset	58	61	54	19	26
Totals	514	503	446	101	94

AUDIOLOGY SERVICE

PRE-SCHOOL CHILDREN

The early detection of deafness with, where necessary, the provision of hearing aids and the institution of special training is of paramount importance if residual hearing is to be trained and speech is to be developed to a sufficient degree to enable the child to benefit from ordinary educational methods. For this reason all children are tested routinely at about the age of seven months by the health visitors who all receive special training for this purpose. Infants who fail the initial test are referred to one of the standing clinics held by Miss M. Andress, further tests then being carried out with the assistance, when possible, of the appropriate health visitor.

SCHOOL CHILDREN

Miss Andress and her assistant visit all primary schools in the County and South Dorset areas once a year and carry out a sweep test with the pure tone audiometer on all children who will be six in that year. Children failing this test are referred to a standing clinic for a full audiometric test, parents being invited and provided with transport where this is necessary.

If further investigation is indicated a report on the test with a copy of the audiogram are sent to the E.N.T. consultant after the agreement of the child's private medical practitioner has been obtained. During the year in the whole county, 24 children were provided with hearing aids.

Besides school entrants who have failed the routine test, children are referred to the standing clinics from a variety of other services as is shown in the accompanying tables.

Our grateful thanks are once again extended to Mr. R. Whittaker and Mr. R. Salkeld, the consultant E.N.T. surgeons who have contributed much to the success of these services.

STATISTICS RELATING TO THE ASCERTAINMENT OF DEAFNESS AMONGST CHILDREN IN THE COUNTY AND SOUTH DORSET AREAS

SCREENING OF SCHOOL ENTRANTS

	South Dorset	County Area	Totals
No. of children given screening tests	1,551	2,863	4,414
No. of children failed screening tests	108	276	384
No. referred for treatment after investigation	36	73	109

ANALYSIS OF CASES REFERRED FOR FULL AUDIOMETRIC INVESTIGATION

1. Sources

	South Dorset	County Area	Totals
Children who failed screening tests	108	276	384
Children referred by health visitors	7	61	68
Children referred by Medical Officers	9	101	110
Children referred by Speech Therapists	1	18	19
Children referred by Head Teachers	-	1	1
Children referred by Parents	7	10	17
Children referred by General Practitioners	-	7	7
Children referred by E.N.T. Specialists	35	17	52
Children referred by Paediatricians	-	11	11
Children referred from other sources	12	3	15
Totals	179	505	684

2. Findings of the Audiometrician

	South Dorset	County Area	Totals
No. significant loss recorded	80	247	327
Referred to E.N.T. Specialist	50	109	159
For Retest 1968	38	63	101
Other action	6	13	19
Totals	174	432	606*

*Seventy-three appointments not kept or declined.

3. Results of cases referred to E.N.T.
Specialists

	South Dorset	County Area	Totals
No treatment advised	7	5	12
To be reviewed	14	17	31
Tonsils and adenoids to be removed	12	23	35
Tonsils to be removed	-	-	-
Adenoids to be removed	-	25	25
Other operative treatment advised	7	8	15
Other treatment advised	-	24	24
Reports still outstanding	10	7	17
	<u>50</u>	<u>109</u>	<u>159</u>

STATISTICS RELATING TO THE ASCERTAINMENT OF DEAFNESS IN POOLE

In Poole, screening tests with the pure tone audiometer are carried out on all children in primary schools shortly after their admission and, in addition, the audiometrician completes a full audiogram on any other children suspected of deafness.

Number tested during 1967	No significant hearing loss	Still under observation	Referred to medical officer
1,950	1,573	181	192

Children failing the tests may be referred for further investigation or treatment by the medical officer to the minor ailment clinic, the family doctor, the hospital consultant or the Audiology Unit.

CHILD AND FAMILY GUIDANCE SERVICE

The following report has been provided by Dr. W.H. Whiles, Consultant Children's Psychiatrist: -

The main work of the Child and Family Guidance Service continues to be based on Poole and Dorchester where good premises with full diagnostic and treatment facilities are available. Weekly sessions are also held in Weymouth and a whole day a fortnight is done at Bridport and the alternate weeks sessions are held in Sherborne and Gillingham. At these centres Child Welfare clinic premises are used.

During the year 307 new cases have been seen at the various clinics which is 20 more than in the last year. Each year there is a steady increase in new cases and a steady increase in the total number of children seen at the clinics. During 1967 the total number of children seen at the various clinics by members of the Child and Family Guidance team was 921, which is an increase of 53 on the previous year. The number of children awaiting their first appointment with any member of the clinic team at the end of the year was 45 and the total number awaiting their first psychiatric diagnostic appointment was 55. These figures are approximately the same as last year. The children whose problems are really urgent are given appointments by one member of the team almost immediately, so that a decision can be made about how urgently a psychiatric appointment is required. Otherwise, the waiting time for psychiatric interviews and completion of diagnosis varies from centre to centre and on the 31st December it was six weeks in Poole, eight weeks in Dorchester and Weymouth, four weeks in Sherborne and Gillingham and twelve weeks in Bridport.

During the year the work has been considerably hampered by the lack of an Educational Psychologist in Poole since August and by the shortage of Psychiatric Social Worker time available. This is because one of the Psychiatric Social Workers has been on extended special leave and this chiefly affected Poole and Weymouth. Although we have a third full-time Psychiatric Social Worker now on our establishment we have had no satisfactory applicant for the post.

General Practitioners and School Medical Officers are still the main source of all referrals and made up 67% of the new cases. During the year 13 boys and girls have been seen while on remand so that special reports could be submitted to Juvenile Courts. The Consultant Psychiatrist continues to devote one session a month to the special needs of the Children's Department primarily seeing children who are under observation at the Reception Centre and then having a case conference afterwards.

The Day Remedial Centre for maladjusted children now situated at Greenways in Poole has continued to be of very great value. 29 cases seen at the Poole Clinic were recommended during the year as in need of help which this Unit can provide in order to build up confidence and to help with general personality development or for special remedial help when more intensive psychotherapy was not needed. A total of 55 children attended Greenways for one to four sessions a week. It is hoped that a similar type of Unit may be available in the Dorchester area during the coming year. The Penwithen Hostel has also continued to be a most valuable part of our treatment facilities for emotionally disturbed children, enabling full environmental as well as individual treatment to be given. The previous warden left in September after many years of valuable service and a new Warden and Matron were appointed, taking over at the beginning of September. Treatment at this hostel often saves admission to a Hospital Unit or Residential School which would otherwise be essential. However, residential placement outside the Dorset area sometimes proves necessary for older boys.

The Psychiatrist visits Penwithen Hostel regularly and the Psychiatric Social Workers keep in close touch with the warden to help maintain liaison between the hostel and the children's families. The Educational Psychologist also helps to keep liaison between the hostel and the schools which the children attend. The whole team have a case conference with the hostel staff once a month. All other children who are residentially placed as maladjusted children in other schools or hostels are seen by the Consultant Psychiatrist during holidays and the Psychiatric Social Workers keep in close touch with the families. Each term a conference is held between the Child Guidance team, School Medical Officer and the Education Department to discuss the future of these children to decide when they are ready to leave their residential placement and to plan for their after-care.

It is hoped that early in the coming year we shall have our full complement of Psychiatric Social Workers and Educational Psychologists so that work can continue on a full team basis both for diagnosis and treatment.

CHILD GUIDANCE SERVICE - STATISTICS

Number of children seen during the year 1967	921
New cases seen during 1967	307
Children awaiting investigation on 31.12.67	45
Total children awaiting first Psychiatric appointment on 31.12.67	56
Cases closed during 1967	408
Total number of cases under observation or treatment on 31.12.67	709

ANALYSIS OF NEW CASES INVESTIGATED DURING 1967

Sources of referral of new cases:

General Practitioners and Hospitals	149
School Medical Officers	58
Education Officer and Headteachers	57
Children's Officer	21
Probation Officer	5
Other Sources	17
	<u>307</u>

Problems for which children were referred:

Behaviour problems	134
Nervous symptoms	75
Educational Problems	17
Enuresis	6
Psychosomatic	30
Special Advice	45
	<u>307</u>

Age groups:

Pre-school	21
Infant school	47
Junior school	119
Secondary school (Modern)	82
Secondary school (Grammar)	33
Left school	5
	<u>307</u>

Recommendations made of new cases:

Still under investigation	22
Diagnosis and advice only	90
Supporting treatment	88
Intensive treatment advised	59
Residential treatment advised	18
Admitted to Hospital for treatment or investigation	1
Special Day school for Maladjusted Children - Poole	29
	<u>307</u>

ANALYSIS OF CASES CLOSED DURING 1967

Diagnosis and advice only needed	172
Transferred to other agencies	47
Removed from area	19
Satisfactory adjustment after Child Guidance treatment	79
Improved after Child Guidance treatment	67
Unco-operative or unimproved	23
Died	<u>1</u>
	408

PSYCHIATRIC INTERVIEWS

Diagnostic	275
Re-examination	207
Treatment	1,045
Total interviews with children	1,527
Total interviews with parents and others	465
Total interviews by Psychiatrist	1,992

PSYCHIATRIC SOCIAL WORKERS

Number of home visits by Psychiatric Social Workers	251
Number of clinic interviews with parents by Psychiatric Social Workers	650
Number of interviews with other officials	80
Visits to schools	21

SPEECH THERAPY

The speech therapy service was fully staffed throughout the year and the number of clinic sessions established during 1966 were continued without change. In spite of the additional work carried out there are still rather long waiting lists in some areas of the county.

The number of cases dealt with during the year was as follows (corresponding figures for the previous year given in brackets):-

Cases treated	Discharged	Under treatment	Cases tested	In need of treatment	Not in need	School Visits	Home Visits
558 (456)	234 (181)	324 (275)	93 (160)	60 (127)	33 (33)	32 (34)	3 (14)

The Senior Speech Therapist, Miss N. O'Driscoll, has provided the following report:-

Communication between human beings is by means of speech and language. It may seem odd to differentiate between these two aspects of communication but by speech is mean communication by means of the voice, whereas language can be written. In the extreme case presented by a person profoundly deaf from infancy or suffering from some types of brain damage, the power to write and read may be acquired, although communication by voice is still faulty or even non-existent. Such persons have language but no speech.

Two main types of children attend a speech clinic because of their difficulty in communication. There are those who have a good development of language as judged by vocabulary and syntax but use the consonant and vowel sounds so incorrectly that their speech is unintelligible, and those who in addition to a difficulty in pronunciation know very few words and whose sentences are primitive in type and show imperfect syntax.

When I first practised as a speech therapist most of our cases were of the first type, the children possessing adequate language if it could be rendered intelligible. During the last few years, however, an increasing number of children seem to be appearing with poor language. At professional courses and meetings it has been remarked that this is a fairly general trend throughout the country.

There are two possible causes of this change. It may be that when speech clinics were first established children with poor language were not referred because they were classed as too much retarded to benefit even from special education. We certainly now accept for treatment many who would formerly have been excluded because of low intelligence. It is possible, however, that an increase in children with poor language is due to a social change which is resulting in adults talking less in the home circle.

Whatever the cause may be, speech therapists are attempting to deal with the problem. We make sure first of all that a child understands the meaning of every word in his exercises as well as correcting his pronunciation. We try to enlarge the vocabulary by practising picture description and conversation and we encourage children to tell their news. Scrap books of common objects and scenes have been made for this purpose and large action pictures are also in use.

Nevertheless, the most effective method of developing and improving a child's language can really only be used by the parents. A home where adults and children talk together about matters of common interest, and the children are given experiences which stimulate their

minds and so initiate the desire to talk, produces children having one of the greatest educational advantages, good powers of communication.

NOCTURNAL ENURESIS

The school health service keeps a stock of buzzer alarm units for issue on loan to children suffering from persistent nocturnal enuresis. Eighteen units are held for use in Poole and thirty-six for use in the rest of the county. Cases are referred from both private medical practitioners and the school medical officers, a total of 150 being treated during the year compared with 154 in 1966, and 158 in 1965. The majority of cases are aged 7 or 8, experience showing that younger children are often not able to co-operate sufficiently. The health visitors take the units to the homes in order to explain their use and also to confirm that satisfactory arrangements can be made. Clearly the unit cannot be used if a child has to share a bed, and inconvenience to others will also result if the room is shared. The health visitors supervise progress at appropriate intervals and are responsible for the return of the units when it has been decided that treatment should cease which may be after as short a period as three weeks but is more often after two or three months.

HANDICAPPED PUPILS

As a result of the amalgamation of the child welfare services with the school health service in the county area we hope that the early ascertainment of handicap will become a reality. It is the aim of the service to pick out defects by the time the child is one year old, so that help can be given to the parents and by continued observation the child can be fitted into the appropriate category by the time he gets near to school age. In this way it is hoped that children and parents will be prepared for school life and that more children will be able to go to the local schools.

The following statistics relate to the whole county including Poole.

During 1967, 287 children were assessed as requiring special educational treatment and in addition, 24 children of compulsory school age were assessed under Section 57(4) of the Education Act as being incapable of receiving education in school.

Whenever possible handicapped children are retained in ordinary schools if this can be done without detriment to themselves or to other children in the school, as there are often profound advantages in such children being able to live at home and receive their schooling in a completely normal environment. This policy must not, however, be carried too far, as without the specialised facilities, both educational and therapeutic, available at some special schools certain children may not develop to their full potential.

The largest single group of handicapped children is the educationally subnormal. These mostly attend as day pupils at Wimborne Special School (56 on the register at the end of the year) or at special classes attached to ordinary schools. Sixteen primary schools and sixteen secondary schools have special classes attached to them and during 1967 the average attendance at these classes was 538. In addition, 37 educationally subnormal children were at residential schools, 29 of them being at Clyffe House School.

The educational arrangements for partially hearing children in Dorset are dictated by the low density of population and the absence of any large concentration of population outside Poole. Whereas the latter is able to support two day units for partially hearing children attached to ordinary schools, units attended from time to time by children from the adjoining county area, the rest of the county is served by qualified peripatetic teachers of the deaf. Two full-time and one part-time teacher of the deaf are engaged in this work. They use portable auditory equipment and are responsible both for training pre-school children and guiding their parents and the supervision and additional teaching of children with hearing loss who remain in ordinary schools. The number of Dorset children attending residential schools for the deaf in other counties is now very small indeed and whenever such placement is considered necessary every effort is made to postpone it until understanding and communication between parent and child have been established.

The following list classifies the children at residential schools or hostels at the end of 1967 in the categories specified in the Ministry's 'Handicapped Pupils Regulations, 1959', and gives the numbers attending at each school.

BLIND

Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

Royal School of Industry for the Blind, Exeter.	1
Condover Hall Special School, Condover, Nr. Shrewsbury, Salop.	1
Royal School for the Blind, Westbury on Trym, Bristol.	2
Chorleywood College for the Blind, Chorleywood, Herts.	2
Rushton Hall School, Kettering, Northants.	1
Royal Normal School for the Blind, Rowton Castle, Nr. Shrewsbury, Salop.	1
Dorton House School, Seal, Nr. Sevenoaks, Kent.	1
Ysgol Penybout School for Visually Handicapped Children, Bridgend, Glamorgan.	1

PARTIALLY SIGHTED

Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or their educational development but can be educated by special methods involving the use of sight.

Royal School of Industry for the Blind, Exeter.	1
Blatchington Court School for the Partially Sighted, Seaford, Sussex.	1
West of England School for the Partially Sighted, Topsham Road, Countess Weir, Exeter.	5

DEAF

Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

Royal West of England School for the Deaf, Topsham Road, Exeter, Devon.	5
---	---

PARTIALLY HEARING

Pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities, though not necessarily all the educational methods used for deaf pupils.

School for the Partially Deaf, Brighton.	1
Royal West of England School for the Deaf, Topsham Road, Exeter.	2
St. Loye's College for the Rehabilitation of the Disabled, Exeter, Devon.	1
Mary Hare Grammar School for the Deaf, Arlington Manor, Newbury, Berks.	1

EPILEPTIC

Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

Lingfield Epileptic Hospital School, Surrey.	4
--	---

EDUCATIONALLY SUBNORMAL

Pupils who by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

Withycombe House School, Withycombe Raleigh, Exmouth, Devon.	3
Clyffe House School, Tinkleton, Dorchester.	29
Lankhills School, Winchester.	2
All Soul's Special School, Field Heath House, Hillingdon.	1
Croydon Hall Special School, Roadwater, Bristol.	1
Kingsdon Manor School, Kingsdon, Bristol.	1

MALADJUSTED

Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

Penwithen Hostel, Winterborne Monkton, Nr. Dorchester.	22
Clyffe House School, Tinkleton, Dorchester.	4
Sibford Ferris Friends School, Banbury, Oxford.	1
Chelfham Mill School, Nr. Barnstaple, Devon.	2
Pitt House School, Torquay, Devon.	1
Crichel Hostel, Totnes, Devon.	2
Sandon House School, Sandon, Chelmsford.	1
St. Francis School for Boys, Hooke, Beaminster, Dorset.	2
The Marchant-Holliday School Ltd., North Cheriton, Templecombe, Somerset.	1
Bedales School, Petersfield, Hants.	1
The Bicknell School, Petersfield Road, Boscombe, Bournemouth.	1

PHYSICALLY HANDICAPPED

Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

Victoria Home and School, 12 Lindsay Road, Branksome Park, Poole.	11
Florence Treloar School, Nr. Alton, Hants.	1
Whiteness Manor School, Kingsgate, Broadstairs, Kent.	1
Coney Hill School, Hayes, Kent.	1
Burton Hill House School, Malmesbury, Wilts.	4
Dame Hannah Rogers School, Ivybridge, Devon.	2
Dene Park Further Education Centre, Shipbourne Road, Tonbridge.	1
Halliwick Cripples' School, Bush Hill Road, Winchmore Hill, London, N.21.	2
Henwick Hall Special School, Nr. Wellingborough, Northants.	1
St. Loyes College for the Rehabilitation of the Disabled, Exeter, Devon.	1
The Sheiling Curative Schools, Ashley, Ringwood, Hants.	1
Exhall Grange School, Exhall, Warwickshire.	1
Suntrap Open Air School, Sea Front, Hayling Island.	1

SPEECH DEFECT

Pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

None

DELICATE

Pupils not falling under any other category in the Regulations who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

St. John's Open Air School, Woodford Bridge, Essex.	1
St. Dominic's Open Air School, Mount Olivet, Hambledon, Surrey.	1
St. Patrick's Open Air School, Sea Front, Hayling Island.	3
St. Catherine's Open Air School, Ventnor, Isle of Wight.	1
Neath School, Ottershaw, Surrey.	1
Park Place School, Henley-on-Thames.	1
Suntrap Open Air School, Sea Front, Hayling Island.	1

TUITION AT HOME OR IN HOSPITAL

During the year 25 children suffering from a variety of handicaps which prevented them from attending school received a total of 2,563 hours home tuition.

Tuition was also given to children in the following hospitals: -

	Number of children	Hours of tuition
Weymouth and District Hospital	132	346
Portland Hospital	2	31½
Dorset County Hospital	108	328

INFECTIOUS DISEASES

There were again no cases of diphtheria or poliomyelitis among school children in 1967, the last occasions when they occurred being 1957 and 1960 respectively.

The number of notifications of the common infections during the past ten years have been as follows:-

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Measles	2,604	3,350	1,702	5,431	606	5,255	1,595	3,652	1,559	4,469
Scarlet Fever	147	227	140	55	53	61	57	106	29	37
Whooping Cough	262	161	110	238	38	111	156	79	64	236

IMMUNISATION AGAINST POLIOMYELITIS, DIPHTHERIA, WHOOPING COUGH AND TETANUS OF CHILDREN UNDER SIXTEEN YEARS OF AGE

	County Area		Poole Area		South Dorset Area		Totals	
	P	R	P	R	P	R	P	R
Poliomyelitis - Oral	2,548	3,039	1,578	1,584	752	961	4,878	5,584
Poliomyelitis - Salk	8	12	-	-	1	-	9	12
Diphtheria	2,418	4,038	1,245	1,923	804	2,573	4,467	8,534
Whooping Cough	2,283	1,669	1,178	984	767	515	4,228	3,168
Tetanus	2,615	4,407	1,304	1,939	925	2,425	4,844	8,771

P = Primary Course

R = Reinforcing Dose

TUBERCULOSIS

Number of children in maintained schools notified during 1967	Pulmonary	2
	Non-Pulmonary	1
Number of children on tuberculosis register attending maintained schools at 31st December, 1967	Pulmonary	43
	Non-Pulmonary	8

The two Pulmonary notifications were both children aged 5 years, one from Poole and one in the county area. The Poole child was a contact of a known case of tuberculosis and the other child was found as a result of a positive Heaf test at school entry.

PREVENTION OF TUBERCULOSIS

(a) X-Ray of Staff

There is a compulsory x-ray examination of all teachers taking up their first teaching appointment. In addition, all teachers who take up boarding posts in Dorset are x-rayed on appointment.

Six domestic staff starting work in boarding houses, Clyffe House School and Penwithen Hostel were also x-rayed with negative results.

(b) Heaf testing of school entrants

All children starting school are given a tuberculin skin test and the families of any children with positive reactions are investigated in an effort to determine the source of the infection.

	No. of children tested	No. positive excluding those previously given B.C.G.	No. positive who had had previous B.C.G.
County Area	2,664	29 (1.1%)	98
Poole	1,292	14 (1.1%)	27
South Dorset	671	6 (0.9%)	32

(c) B.C.G. Vaccination

The arrangements for the B.C.G. vaccination of children in or near their thirteenth year continued as usual. Results of the Heaf test are read after seven days, four or more indurated papules being accepted as a positive result. The interpretation of mild reactions is notoriously difficult and is liable to considerable observer variation. Furthermore, it is not possible to distinguish between mild reactions due to the waning of previous strong specific sensitivity and those due to non-specific sensitivity. For these reasons the number of children showing second, third and fourth degree reactions to the Heaf test might be expected to provide a more stable indication of the amount of tuberculous disease in the community than if the children with mild or dubious reactions were included. Throughout the whole county the grading of the Heaf positive reactions are, therefore, now recorded in every case, the results being given below.

The statistics, which relate to the whole county including Poole, show that the acceptance rate for children offered vaccination was 89.6% compared with 88.3% the previous year. Of the children who had the initial Heaf test, 10.9% were found to be positive reactors compared with 12% in 1966 and 10% in 1965.

The positive reactors were all x-rayed but none were found to have any active lesion.

	1967	1966
Number of schools visited	61	61
Number of children eligible	5,208	4,188
Number of parental consents	4,667	3,699
Number of children tuberculin tested	4,358	3,410
Positive reactors	474 (10.9%)	410 (12%)
Negative reactors vaccinated	3,488	2,787
Absentees	309	289

The variation in incidence in the different administrative areas of the county of children recorded as being positive reactors to the Heaf test was as follows: -

	Number of children tested		No. positive excluding those previously given B.C.G.	
	1967	1966	1967	1966
County Area	2,543	1,773	104 (5.9%)	92 (5.1%)
Poole	1,185	1,033	292 (24.6%)	266 (25.7%)
South Dorset	630	604	78 (12.4%)	52 (8.6%)

The grading of the Heaf positive reactions was as follows: -

Grade of positive reaction	Number of children
First degree	303
Second degree	117
Third degree	48
Fourth degree	6
	<u>474</u>

If grade one reactions are ignored the percentage of children who are positive reactors to the Heaf test is 10.4% in Weymouth, 6.5% in Poole and 1.1% in the rest of the county. X-ray examination of the positive reactors did not disclose any active cases of tuberculosis and the apparent higher incidence in the urban areas remains unexplained.

SCHOOL MILK AND MEALS

SCHOOL MILK

Compared with 1966 there was a slight reduction in the number of pupils attending maintained schools in the County who were taking school milk as at the 31st December, 1967. The percentage was sixty-nine which is two per cent less than at the end of 1966. With regard to non-maintained schools, ninety-three per cent of the pupils were taking school milk which is the same as for 1966.

Five maintained schools and one non-maintained school are supplied with untreated milk, whilst the remainder receive pasteurised milk. All schools, with the exception of one in a remote part of the county, are supplied with bottled milk. In the excepted case, untreated milk is obtained in bulk from a local producer/retailer.

During the year the supply of milk to schools and school kitchens has been closely supervised and the following is a statistical summary of samples obtained by sampling officers of the County Health Department for laboratory examination.

Pasteurised				Untreated		Total number of samples
Methylene blue test	Phosphatase test	Methylene blue test				
Pass	Fail	Pass	Fail	Pass	Fail	
* 886	41	971	-	32	1	1,004

*44 samples of pasteurised milk were not submitted to the methylene blue test as the atmospheric shade temperature exceeded the prescribed 70°F on the days the samples were obtained.

Sampling of pasteurised milk supplied to the 44 schools in the Borough of Poole was undertaken by the Borough Public Health Inspectors. A total of 121 specimens were obtained during the year of which 26 failed the methylene blue test.

The high percentage (21%) of unsatisfactory samples obtained in Poole is accounted for by the fact that two batches of 12 specimens failed the methylene blue test. The matter was taken up with the suppliers and following investigations repeat samples were satisfactory.

Excluding the Borough of Poole, the number of samples of pasteurised milk which failed the methylene blue test was 41 (4.4%), which is a considerable improvement compared with 1966 when approximately 10% of pasteurised school milk samples failed this test.

No serious complaint regarding school milk was made to the County Health Department during the year. There was, however, the odd case of an unsatisfactory bottle and, in another instance, small churns in which milk was supplied to a school kitchen were found to be in a poor condition. These matters were satisfactorily dealt with following representations to the suppliers concerned.

As a check on cleanliness 195 rinses of washed school milk bottles were obtained at dairy premises for laboratory examination and all but one were of a satisfactory standard.

Generally, it can be said that the dairymen are well aware of their responsibilities in connection with the supply of school milk and take every precaution to minimise the risk of complaint.

SCHOOL MEALS

The following information has been supplied by the County Education Officer and relates to the whole of the administrative county including the Borough of Poole.

Meals (day pupils only)

No. of schools or departments receiving meals at 1st January, 1967	240
No. of schools or departments NOT receiving meals at 1st January, 1967	1
No. of schools or departments receiving meals at 31st December, 1967	242
No. of schools or departments NOT receiving meals at 31st December, 1967	1
No. of new kitchens opened in 1967	10*
No. of new dining centres (not classroom dining) opened in 1967	-
No. of schools provided with new or improved washing up facilities in 1967	3
No. of day pupils present 1967	45,907
No. of day pupils taking meals 1967	34,640
Percentage taking meals	75.45

*includes 4 replacing existing kitchens

157 visits of inspection were made to school kitchens during the year in connection with the Food Hygiene Regulations and, generally, the standard of hygiene has been found to be satisfactory.

At many kitchens the efficiency of the washing up processes has been checked by the taking of swabs and rinses of washed crockery, cutlery and other equipment. 405 specimens were examined at the Public Health Laboratory and the reports on 366 indicated a satisfactory standard.

In the case of the 39 unsatisfactory reports, advisory visits were made, following which repeat specimens were obtained, and generally these produced satisfactory reports.

Various foodstuffs totalling 2 cwts. 56lbs. were examined at school kitchens during the year and found to be unfit. In most cases replacement was made by the supplier.

SCHOOL SWIMMING

During the year swimming pools were built at seven schools and a further three schools installed portable type swimming pools. At the 31st December, 1967, the number of schools in the county with swimming pools was fifty-six, of which six are in the borough of Poole.

A further nine schools, including two special schools, are hoping to provide swimming pools during 1968.

The County Health Department maintains close co-operation with officers of the County Education Officer's and County Architect's Departments during the planning stage of all school swimming pools and advise on the provision of suitable water filtration and chlorinating equipment.

With the exception of the small garden type pools, the water in each swimming pool is re-circulated following filtration and chlorination. Careful supervision is maintained of the condition of the water and in this connection officers of the County Health Department obtain

periodic samples from each pool for laboratory examination and also make spot checks for the efficiency of chlorination. During the year 230 specimens were examined at the Public Health Laboratory, 199 of which produced satisfactory reports.

In the case of unsatisfactory reports, investigatory visits were made and repeat specimens were generally found to be satisfactory.

It is most essential that proper operational control is maintained at all times that a swimming pool is in use. Failure to do so will result in unsatisfactory conditions of the water and resulting problems.

The tendency to overload the pool must be resisted: the best conditions in a swimming pool are obtained when the number of bathers is restricted to the design load in respect of the volume of water and the capacity of the treatment plant which has been installed.

WATER SUPPLIES

At the 1st January, 1967, there were nine schools and two school camps in the county not connected to a public main supply of water.

During the year two schools were connected to recently completed public supplies so that at the end of the year the number of educational establishments dependent upon private sources of water was nine. Regular sampling of water has been carried out at these premises and a total of 154 specimens were submitted for laboratory examination of which 19 produced an unsatisfactory report. Each unsatisfactory sample was fully investigated and repeat specimens obtained which generally produced laboratory reports indicating the water to be of a satisfactory standard.

SCHOOL CAMPS

There are two school camps in the county, both situated in the Wareham and Purbeck Rural District. During the camping season visits of inspection were made and the standard of hygiene was found to be satisfactory in each case.

SCHOOL HYGIENE

At the commencement of the year there were three schools with chemical closets. One of these schools was closed at the end of the summer term and another is to be closed at Easter 1968. This will leave one school in the county not having waterborne sanitation and in this instance a restricted site and the absence of a public sewer has presented difficulties in the adoption of a water carriage system of drainage. However, it is believed that the school managers have under consideration the possibilities of a scheme for the provision of flushed toilets.

During the year three schools were connected to recently completed main drainage systems so that at the 31st December approximately 70% of maintained schools in the county were connected to public sewers. The remaining 30% are served by septic tanks or cesspools.

It was hoped that it would have been possible during the year to carry out several schemes for the provision of indoor cloakrooms and lavatories but, unfortunately, on the grounds of economy, the programme had to be curtailed. There are still many schools in the county with outside lavatories and this matter continues to be of considerable concern. It is hoped, therefore, that as soon as the economic position allows, it will be possible to give some measure of priority to schemes of improvement to include indoor cloakrooms and lavatories at these schools.

HEALTH EDUCATION IN SCHOOLS

Details are given below of the talks on health subjects given in schools in 1967. These were mostly given by school medical officers, dental officers, health visitors and dental hygienists, many of which were illustrated by films.

	Number of talks and/or films	Audience
Dental Hygiene	255	11,143
Child Care and Mothercraft	87	1,629
Personal Hygiene	13	166
Smoking and Health	12	1,978
Home Safety	9	110

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER
J.S. MacLachlan, L.D.S., R.C.S.Eng.

STAFF

Resignations

R. Scott-Yates, Dental Officer, Dorchester Rural Area (31.3.67)
K.V.M. Taylor-Milton, Dental Officer, Blandford (31.5.67)
Miss C. Warner, Dental Hygienist (27.10.67)

Transfers

J.M. Paterson from Dental Officer, Weymouth
to Dental Officer, Dorchester Rural Area

Appointments

I.M. Maddick as Dental Officer, Wareham (1.1.67)
S.J. Emery as Dental Officer, Weymouth (1.5.67)
Surgeon Captain K.E.J. Fletcher as Dental Officer, Blandford (16.10.67)

On 31st December, 1967, there were fifteen whole-time dental officers on the staff, an increase of one as compared with the situation a year previously, and the number of part-time officers had decreased from three to two so that the Department was fully staffed within its present establishment.

The recruitment of two young dental officers, both under thirty has reduced the average age of the staff; I cannot emphasise too strongly the need for recruitment of younger members of the profession to such a rewarding service. Such enthusiastic officers will however be unlikely readily to enter a service which is not equipped with the most modern equipment and, while the equipment in much of the County is of the highest order, there are still some clinics which are not up to the expected standard.

The staffing position generally is satisfactory in Poole and South Dorset and a nearly adequate service is being provided in the North of the County. Grave shortages still exist in Wareham, Dorchester and Bridport.

ROUTINE VISITS TO SCHOOLS

Although slightly more children have been inspected during the year, the position with regard to routine visits to schools has deteriorated somewhat since last year and is shown below in Table A.

TABLE A
Approximate interval in months between visits

	1.1.64	31.12.66	31.12.67
Blandford	12	12	15 (post vacant for
Bridport	30	24	20 4 months)
Dorchester Rural	18	14	16
Dorchester Urban	30	14	14
Gillingham	24	12	12
Shaftesbury	36	18	14
Sherborne	24	9	12
Wareham	18	24	16
Wimborne	12	9	12
Weymouth	24-36	15	15
Portland	24-36	9	9

As might be expected from these slightly adverse figures the percentages of the whole population inspected show a slight deterioration and these are shown below in Table B.

TABLE B
Inspection figures over the past five years

	1963	1964	1965	1966	1967
Percentage of school population inspected	74	80	76	85	83
Percentage of those inspected who were found to require treatment	57	61	62	60	54
Percentage of those offered treatment who were treated by the school dental service	64	67	66	67	71

The drop in the numbers requiring treatment seems to be largely due to the increased number of children inspected in the Wimborne area and should not necessarily be looked upon as the beginning of a downward trend, although this is possible.

This year, as in previous years, records have been kept of the number of children, who, in the opinion of the dental officers, are receiving regular treatment from either branch of the National Dental Services. In addition, records have been kept of the total numbers of children accepting treatment from the school service, whether or not they require it. As these additional figures give some indication of the demand for treatment that could be provided by a fully staffed service, they are given below.

Percentages of those inspected who:

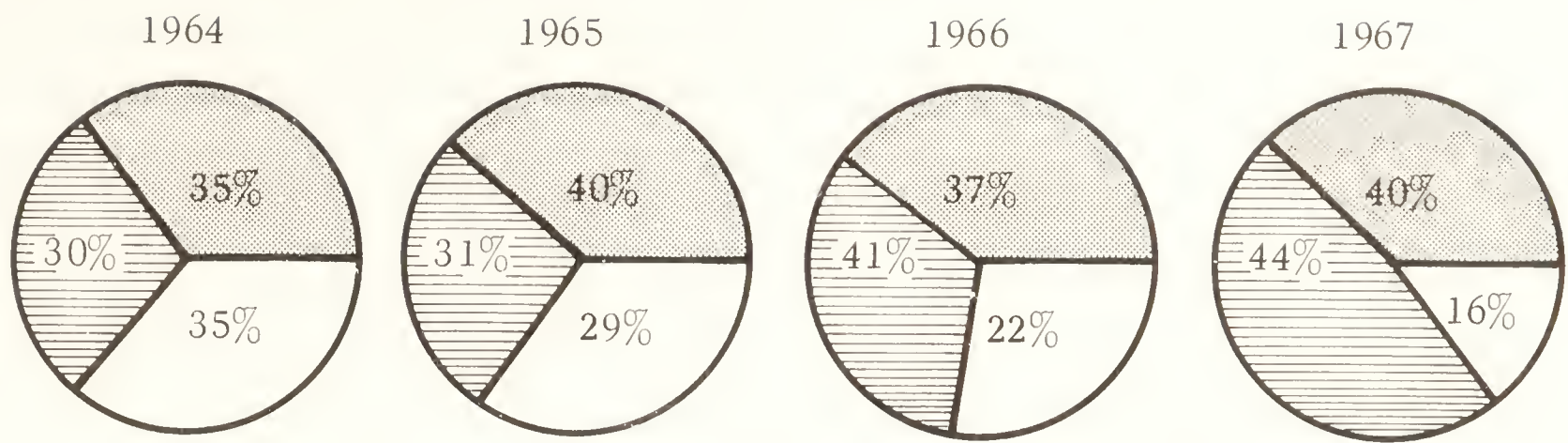
	Receive regular treatment from the general dental service	Receive regular treatment from the school dental service	Receive no regular treatment	Accept treatment from the school dental service	Would, in a fully staffed school dental service, receive no regular treatment
	(a)	(b)	(c)	(d)	(e)
Urban	42	40	18	44	14
Rural	33	37	25	43	26

These figures are somewhat influenced by the very low acceptance rate in the Wimborne area, which not only enjoys a naturally fluoridated water supply with a consequent low incidence of dental caries, but also a higher proportion of general dental practitioners than in the remainder of the County area. Were the figures for Wimborne to be deducted from the above the following would be the picture:

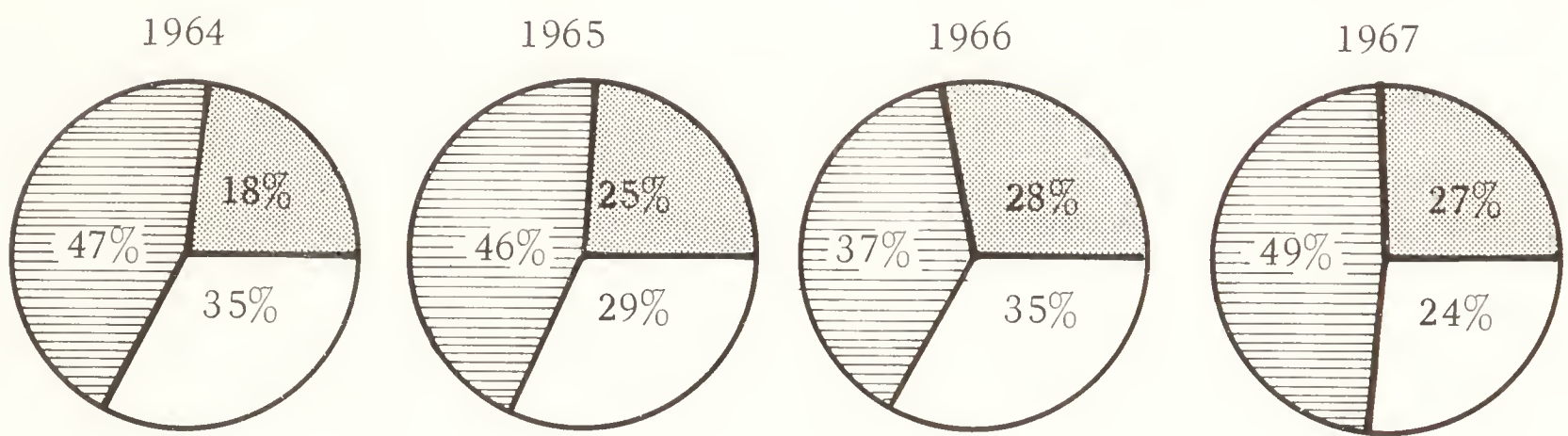
	(a)	(b)	(c)	(d)	(e)
Urban	40	44	16	51	9
Rural	27	49	24	56	17

As these figures are more representative of those prevailing over the majority of the County area, they are used in figure 1 below which shows the position over the last four years.

FIGURE 1
URBAN AREA



RURAL AREA



School
Dental Service



Percentage receiving treatment from School Dental Service

General
Dental Service



Percentage of those inspected receiving regular treatment from General Dental Service

No Regular
Treatment



Percentage receiving no regular treatment

It will be seen that as anticipated the position in the Rural Area has markedly improved, although by the deletion of the Wimborne figures, the comparison with previous years is not strictly accurate. It is hoped that in future when the Authority is fully staffed the number of those receiving no regular treatment will be reduced still further.

Table C shows the average amount of work carried out per treatment session over the past five years.

TABLE C

	1963	1964	1965	1966	1967
Treatments per session	1.96	2.16	2.36	2.4	2.18
Attendances per session	5.43	5.85	6.1	5.9	5.85
Fillings per session	5.3	5.6	6.0	5.7	6.2
Extractions per session	1.7	1.7	1.6	1.7	1.4

The increase in the number of fillings must be considered to be directly applicable to the fact that the hitherto relatively neglected areas of Dorchester Rural, Wareham and Sherborne now enjoy the services of full-time dental officers. Once the back-log of work in these areas has been completed it is anticipated that these figures will show a decline. It must always be remembered that the efficiency of a school dental service - a preventive service - is not reflected by the volume of work that it does, but rather by the amount of work that it does not have to do. The value of the service can better be judged by an improvement in the turnaround between school visits, by a reduction in the number of children requiring treatment, and by the absence of emergency calls on its services.

ORTHODONTICS

Mr. Greenfield has continued to devote a proportion of his time to the provision of orthodontic treatment in the north of the County, and Mr. Hooper has been able to spend one session per month in Gillingham Clinic to assist in the provision of an advisory service there. This has proved a great help to Mr. Greenfield and is also welcomed by the general dental practitioners in the area.

During the year 537 children received orthodontic treatment as compared with 457 in 1966 and 340 in 1965. There is a growing demand for this type of work and, now that more dental officers are receiving additional training from Mr. Hooper, it can be anticipated that this demand will be met, provided only that financial resources are available.

GENERAL

During the year the Organisation and Methods Officer carried out a very full and comprehensive survey of the Local Authority Dental service in the County and South Dorset areas. That, after a most exhaustive investigation into the responsibilities of the dental service, using the very latest work study methods, his recommendations of staff increases should very nearly exactly coincide with those of the Special Sub-Committee in 1964, can only reinforce the findings of both bodies. Although, owing to the present financial condition of the country it is unlikely that all his recommendations will be implemented in the immediate future, this in no way detracts from the value of the very worthwhile report that has been prepared and which will give the dental department a blueprint for its future development. My thanks are due to the Organisation and Methods Officer and his team for the work they have done.

At the time of writing, even though the financial position is far from favourable, it does seem possible that the modernisation programme, advised as a matter of urgency in 1964, will be completed during 1968/69. The trouble is, of course, that items not considered by the Special Sub-Committee are now showing signs of wear and it is probable that their imminent breakdown will result in additional expenditure on replacements.

The scheme, arranged through the good offices of the Hospital Management Committee at Salisbury in 1965, whereby dental officers are enabled to attend the Maxillo-facial unit at Odstock Hospital so that they may improve their knowledge of minor oral surgery is continuing to, it is hoped, our mutual benefit. I, myself, have found Mr. Wishart to be an ever-present help in time of trouble and would like to endorse my thanks both to him and to the Hospital Management Committee for allowing these dresserships to continue.

Since dental officers started attending Mr. Hooper's orthodontic clinics in Dorchester in 1965, two members of staff have completed their dresserships. It is worthy of note that the County Staff is rapidly becoming more self-sufficient in providing orthodontic treatment, the figures of patients being referred to the consultant service for treatment over the years being as follows.

Year	Number referred for treatment
1964	122
1965	46
1966	58
1967	44

When it is realised that each patient referred for treatment has to attend the clinic in Dorchester at regular intervals for a lengthy period, the saving in travelling time may be better appreciated. My thanks are due to Mr. Hooper for his co-operation and exercise of self-help in training our staff to produce a better service.

DENTAL HEALTH EDUCATION

The scheme of dental health education within the County has received a set-back in the latter part of the year due to the resignation, on marriage, of Miss Warner, our dental hygienist, and to the non-availability, despite repeated advertisements, of a replacement until mid-April, 1968. During the year, however, 255 talks have been given in schools to an estimated total audience of 11,143 in 200 sessions - a considerable decrease when compared with the previous year. The situation at present is that nearly all children know the rules of tooth care and, provided that it does not interfere too greatly with their normal way of life, will practise them. Until, however, active steps are taken to prevent the between-meal eating of sweet and sticky foods, it is likely that any real benefit will be long deferred. It seems somewhat incongruous that on the one hand the County Council spends nearly £100,000 annually to provide a dental treatment service and, on the other, takes no active steps to prevent the major causative factor of the disease - that of between meal eating of sweet things. Were the eating of all fermentable carbohydrates at other than meal-times to be prohibited in all educational establishments, not only would the money of the County Council be saved, but also the message would be driven home to the minds of the children that the Council meant what it said when it advised the simple rules of the prevention of dental decay. That this is no idle conjecture is demonstrated by the fact that in one infant school, which prohibits all sweet eating, a significant drop in the incidence of dental caries has been noted.

During the year Miss Warner and Miss Evans - now Mrs. Gale - assisted by Mrs. Raspin of Blandford produced a most attractive dental health education booklet designed in the form of a painting book. This is exciting widespread interest and is doing much to aid the dissemination of dental health education.

1967 has been a disappointing year due mainly to staff changes and uncertainty about the future. The existing staff is spread so thinly on the ground that the absence through illness of more than one member is likely completely to disrupt the service. But for the extreme loyalty and co-operation of everyone the results for the year would have been far worse.

The year may be summarised as follows:

Effective dental officer strength	+ 3%
Number of children inspected	+ 1%
Number of children treated	- 7%
Number of permanent teeth filled	+ 3%
Number of deciduous teeth filled	+ 27%
Orthodontic treatment, new cases	+ 7%

SCHOOL CLINICS - LOCATION, TYPE AND NUMBER OF SESSIONS PER WEEK
(as at 31.12.67)

The Clinic, Hogshill Street, Beaminster.	2 Speech	Oakdale Clinic, 337 Wimborne Road, Poole.	1 Minor Ailments (per fortnight) 1 Enuresis (per fortnight)
County Clinic, Salisbury Street, Blandford.	1 Hearing Assessment (per month) 2 Dental 1 Speech	County Clinic, Fortuneswell, Portland.	1 Minor Ailments 6 Dental 1 Speech
Bovington Modern School, Bovington.	1 Speech	County Clinic, Secondary Modern School, Shaftesbury.	1 Hearing Assessment (per month) 1 Speech 4 Dental
Health Centre, North Allington, Bridport.	1 Hearing Assessment (per month) 2 Dental 2 Speech 2 Child Guidance (per fortnight)	County Clinic, Horsecastles, Sherborne.	1 Hearing Assessment (per month) 2 Dental 1 Speech 1 Child Guidance (per fortnight)
Health Centre, Glyde Path Road, Dorchester.	2 Hearing Assessment (per month) 17 Dental 3 Speech 5 Child Guidance (2 Psychiatrist)	St. Aldhelms School, Sherborne.	1 Speech
County Clinic, Victoria Road, Ferndown.	3 Speech 2 Dental	County Clinic, Green Close, Sturminster Newton.	1 Hearing Assessment (per month) 1 Speech
County Clinic, St. Martin's, Gillingham.	1 Hearing Assessment (per month) 2 Dental 1 Speech 1 Child Guidance (per month)	Health Centre, High Street, Swanage.	1 Hearing Assessment (per month) 2 Dental 2 Speech
The Clinic, Lanark Close, Hamworthy.	1 Minor Ailments (per fortnight) 6 Dental 1 Speech	The Parish Hall, Wareham.	1 Hearing Assessment (per month)
		County Modern School, Wareham.	1 Speech

St. Francis School, Hooke.	1 Child Guidance (per fortnight)	Hillbourne Clinic, Kitchener Crescent, Waterloo, Poole.	6 Dental
Junior C.E. School, Lyme Regis.	1 Speech	Health Centre, Westham Road, Weymouth.	5 Minor Ailments 20 Dental 3 Speech
Branksome Clinic, Layton Road, Parkstone.	1 Minor Ailments (per fortnight) 20 Dental 2 Speech	The Clinic, Wyke Regis, Weymouth.	1 Speech 1 Child Guidance
Sylvan School, Livingstone Road, Parkstone.	1 Minor Ailments (per fortnight)	The Civic Centre, Wimborne.	1 Dental 1 Hearing Assessment (per month)
Trinidad School, Herbert Avenue, Parkstone.	1 Minor Ailments (per fortnight)	Wimborne Day Special School, Wimborne.	1 Speech
Central Clinic, Park Road, Poole.	1 Hearing Assessment 6 Dental 7 Speech 2 Physiotherapy 9 Child Guidance (3½ Psychiatrist)		

STATISTICAL APPENDIX

YEAR ENDED - 31st DECEMBER, 1967

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - PERIODIC MEDICAL INSPECTIONS

P = Poole Area S.D. = South Dorset Area C = Remainder of County

Age Groups inspected (By year of birth) (1)	No. of pupils who received a full medical examination			Physical condition of pupils inspected			No. of pupils found not to warrant a medical examination			Pupils found to require treatment (excluding dental diseases and infestation with vermin)			Total individual pupils		
	(2)			(3)			(4)			(5)			(6)		
	P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C
1963 and later	-	-	1	1	-	-	1	1	-	-	-	-	-	-	-
1962	1068	460	1102	2630	1067	451	1100	2618	1	9	2	12	32	21	32
1961	541	307	1396	2244	541	299	1396	2236	-	8	-	8	17	16	46
1960	425	36	309	770	425	34	308	767	-	2	1	3	25	3	15
1959	700	25	238	963	700	25	235	960	-	-	3	3	45	2	8
1958	361	17	118	496	361	17	118	496	-	-	-	-	25	3	8
1957	129	506	83	718	129	501	83	713	-	5	-	5	18	65	8
1956	383	205	59	647	383	204	59	646	-	1	-	1	50	27	6
1955	536	25	173	734	534	25	173	732	2	-	-	2	69	5	17
1954	284	30	330	644	284	29	329	642	-	1	1	2	379	379	40
1953	209	201	168	578	209	200	167	576	-	1	1	2	161	161	26
1952 and earlier	1046	333	122	1501	1045	332	122	1499	1	1	-	2	9	9	177
TOTALS	5682	2145	4099	11926	5678	2117	4091	11886	4	28	8	40	-	549	549
													214	979	1285
													442	474	2201
													1449	570	633
													2652		

Col. (3) as a percentage of Col. (2)

P	S.D.	C	Total
99.93	98.69	99.8	99.6

Col. (4) as a percentage of Col. (2)

P	S.D.	C	Total
0.07	1.31	0.19	0.34

TABLE B - OTHER INSPECTIONS

	Poole	South Dorset	Remainder of County	Totals
Number of Special Inspections	477	902	8,416	9,795
Number of Re-inspections	1,515	398	3,830	5,743
Totals	1,992	1,300	12,246	15,538

TABLE C - INFESTATION WITH VERMIN

	Poole	South Dorset	Remainder of County	Totals
Total number of individual examinations of pupils by school nurses or other authorised persons	18,660	15,530	6,513	40,703
Total number of individual pupils found to be infested	80	31	65	176
Number of pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	-	-	-	-
Number of pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	-	-	-	-

PART II - DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

		T = TREATMENT			O = OBSERVATION																
		PERIODIC INSPECTIONS																			
DEFECT OR DISEASE		ENTRANTS			LEAVERS			OTHERS			TOTALS			SPECIAL INSPECTIONS							
		P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C	Totals				
Skin	T	31	16	14	61	59	21	-	80	82	20	9	111	172	57	23	252	9	57	1	67
	O	31	5	26	62	12	4	-	16	54	2	3	59	97	11	29	137	1	11	1	13
Eyes - (a) Vision	T	49	42	120	211	203	94	-	297	272	105	91	468	524	241	211	976	5	241	528	774
	O	99	123	156	378	78	14	-	92	263	25	74	362	440	162	230	832	-	162	734	896
(b) Squint	T	27	39	52	118	16	5	-	21	51	17	5	73	94	61	57	212	-	61	2	63
	O	12	5	43	60	1	-	-	1	21	1	-	22	34	6	43	83	-	6	2	8
(c) Other	T	14	-	3	17	5	-	-	5	15	3	-	18	34	3	3	40	1	3	1	5
	O	6	1	10	17	12	-	-	12	35	-	4	39	53	1	14	68	-	1	1	2
Ears - (a) Hearing	T	17	20	11	48	3	4	-	7	25	8	4	37	45	32	15	92	9	32	153	194
	O	54	12	119	185	9	-	-	9	60	-	15	75	123	12	134	269	3	12	137	152
(b) Otitis Media	T	14	4	4	22	3	-	-	3	3	2	2	7	20	6	6	32	-	6	-	6
	O	27	5	11	43	3	-	-	3	23	3	1	27	53	8	12	73	-	8	1	9
(c) Other	T	5	1	2	8	1	-	-	1	11	-	-	11	17	1	2	20	5	1	-	6
	O	29	5	4	38	6	-	-	6	33	1	-	34	68	6	4	78	-	6	-	6
Nose and Throat	T	37	36	32	105	16	3	-	19	47	10	4	61	100	49	36	185	4	49	1	54
	O	176	51	109	336	15	5	-	20	175	7	4	186	366	63	113	542	5	63	8	76
Speech	T	15	15	40	70	2	-	-	2	20	1	5	26	37	16	45	98	-	16	6	22
	O	46	12	79	137	5	-	-	5	48	5	9	62	99	17	88	204	-	17	17	34
Lymphatic Glands	T	-	1	-	1	-	-	-	-	2	-	-	2	2	1	-	3	1	1	-	2
	O	27	22	16	65	4	-	-	4	49	5	-	54	80	27	16	123	-	27	-	27
Heart	T	3	3	3	9	4	2	-	6	-	1	-	1	7	6	3	16	2	6	-	8
	O	12	5	34	51	8	2	-	10	14	-	4	18	34	7	38	79	-	7	1	8
Lungs	T	20	15	16	51	6	2	-	8	17	8	3	28	43	25	19	87	2	25	2	29
	O	55	9	46	110	18	3	-	21	58	2	8	68	131	14	54	199	1	14	18	33
Developmental - (a) Hernia	T	3	2	4	9	-	2	-	2	1	1	1	3	4	5	5	14	-	5	-	5
	O	11	-	20	31	1	-	-	1	9	-	-	9	21	-	20	41	-	-	1	1
(b) Other	T	5	6	7	18	2	1	-	3	5	18	8	31	12	25	15	52	-	25	1	26
	O	31	33	58	122	5	2	-	7	83	5	14	102	119	40	72	231	-	40	1	41
Orthopaedic - (a) Posture*	T	1	2	1	4	10	1	-	11	19	6	7	32	30	9	8	47	-	9	-	9
	O	8	9	9	26	12	5	-	17	21	8	8	37	41	22	17	80	-	22	-	22
(b) Feet	T	88	30	83	201	18	15	-	33	102	28	36	166	208	73	119	400	2	73	20	95
	O	77	34	149	260	34	6	-	40	141	14	42	197	252	54	191	497	2	54	18	74
(c) Other	T	28	9	11	48	16	8	-	24	25	6	7	38	69	23	18	110	6	23	1	30
	O	50	7	20	77	34	-	-	34	52	2	9	63	136	9	29	174	1	9	1	11
Nervous System (a) Epilepsy	T	2	2	12	16	3	1	-	4	9	1	2	12	14	4	14	32	1	4	1	6
	O	4	3	12	19	7	-	-	7	5	1	2	8	16	4	14	34	-	4	1	5
(b) Other	T	2	-	8	10	-	1	-	1	1	3	3	7	3	4	11	18	-	4	2	6
	O	3	-	31	34	-	-	-	-	7	4	6	17	10	4	37	51	-	4	3	7
Psychological - (a) Developmental	T	-	-	16	16	44	1	-	45	169	-	12	181	213	1	28	242	153	1	5	159
	O	10	5	34	49	18	1	-	19	97	4	10	111	125	10	44	179	2	10	14	26
(b) Stability	T	4	7	11	22	8	1	-	9	32	4	6	42	44	12	17	73	133	12	7	152
	O	74	7	80	161	18	1	-	19	121	1	13	135	213	9	93	315	2	9	17	28
Abdomen	T	6	-	5	11	4	-	-	4	6	3	2	11	16	3	7	26	-	3	1	4
	O	11	2	9	22	3	1	-	4	18	-	2	20	32	3	11	46	-	3	1	4
Other	T	11	6	14	31	17	2	-	19	63	12	12	87	91	20	26	137	4	20	1	25
	O	37	10	31	78	8	2	-	10	48	6	15	69	93	18	46	157	1	18	7	26

PART III - TREATMENT OF PUPILS

TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with			
	Poole	South Dorset	Remainder of County	Totals
External and other, excluding errors of refraction and squint	61	3	36	100
Errors of refraction (including squint)	1,487	852	977	3,316
Totals	1,548	855	1,013	3,416
Number of pupils for whom spectacles were prescribed	523	95	281	899

TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with			
	Poole	South Dorset	Remainder of County	Totals
Received operative treatment for:-				
(a) diseases of the ear	23	1	5	29
(b) for adenoids and chronic tonsillitis	215	151	143	509
(c) for other nose and throat conditions	21	14	54	89
Received other forms of treatment	9	13	4	26
Totals	268	179	206	653
Total number of pupils in schools who are known to have been provided with hearing aids:-				
(a) in 1967	4	4	16	24
(b) in previous years	22	19	76	117

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated			
	Poole	South Dorset	Remainder of County	Totals
(a) At clinics or out-patient departments	273	83	73	429
(b) At school for postural defects	112	83	112	307
Totals	385	166	185	736

TABLE D - DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

Number of cases known to have been treated				
	Poole	South Dorset	Remainder of County	Totals
Ringworm - (a) Scalp	-	-	1	1
(b) Body	-	-	8	8
Scabies	-	10	2	12
Impetigo	-	-	14	14
Other skin diseases	10	7	-	17
Totals	10	17	25	52

TABLE E - CHILD GUIDANCE TREATMENT

Number of cases known to have been treated				
	Poole	South Dorset	Remainder of County	Totals
At Child Guidance Clinics	482	120	319	921

TABLE F - SPEECH THERAPY

Number of cases known to have been treated				
	Poole	South Dorset	Remainder of County	Totals
By speech therapists	182	86	290	558

TABLE G - OTHER TREATMENT GIVEN

Number of cases known to have been dealt with				
	Poole	South Dorset	Remainder of County	Totals
Minor Ailments	68	26	-	94
Received B.C.G. Vaccination	783	515	2,190	3,488
Received breathing exercises at an Asthma Clinic	30	-	-	30
Received treatment for Nocturnal Enuresis (Buzzer Alarm)	70	9	71	150
Totals	951	550	2,261	3,762

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total	(Total for 1966)
First Visit	6,023	4,831	1,141	11,995	(12,914)
Subsequent visits	8,993	9,013	2,238	20,244	(18,707)
Total visits	15,061	13,844	3,379	32,239	(31,621)
Additional courses of treatment commenced	982	728	155	1,865	(1,607)
Fillings in permanent teeth	5,327	13,234	3,809	22,370	(21,031)
Fillings in deciduous teeth	10,534	1,379	-	11,913	(9,443)
Permanent teeth filled	4,456	10,834	3,291	18,591	(18,059)
Deciduous teeth filled	9,745	1,253	-	10,998	(8,650)
Permanent teeth extracted	288	1,446	301	2,035	(2,752)
Deciduous teeth extracted	4,311	1,417	-	5,728	(6,147)
General anaesthetics	1,452	684	54	2,190	(2,139)
Emergencies	836	418	82	1,336	(1,456)
Number of pupils x.rayed				882	(757)
Prophylaxis				2,635	(1,525)
Teeth otherwise conserved				2,961	(2,430)
Teeth root filled				186	(71)
Inlays				16	(8)
Crowns				57	(23)
Courses of treatment completed				12,420	(12,553)

ORTHODONTICS

Cases remaining from previous year	266	(202)
New cases commenced during year	271	(253)
Cases completed during year	156	(165)
Cases discontinued during year	45	(24)
No. of removable appliances fitted	349	(314)
No. of fixed appliances fitted	7	(4)
Pupils referred to Hospital Consultant for treatment	44	(58)
Pupils referred to Hospital Consultant for advice	41	(61)

PROSTHETICS

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total	(Total for 1966)
Pupils supplied with F.U. or F.L. (first time)	1	-	2	3	(2)
Pupils supplied with other dentures (first time)	5	20	23	48	(49)
Number of dentures supplied	6	20	29	55	(56)

	Total	(Total for 1966)
ANAESTHETICS		
General Anaesthetics administered by Dental Officers	102	(404)
INSPECTIONS		
(a) First inspection at school. Number of pupils	33,316	(32,802)
(b) First inspection at clinic. Number of pupils	6,744	(6,755)
Total Inspected	40,060	(39,557)
(c) Number found to require treatment	21,726	(23,518)
(d) Number offered treatment	16,875	(18,222)
(e) Number reinspected at school or clinic	3,234	(2,962)
(f) Number of (e) found to require treatment	2,411	(1,814)
SESSIONS		
Sessions devoted to treatment	5,525	(5,389)
Sessions devoted to inspection	396	(363)
Sessions devoted to Dental Health Education	200	(337)

